

**MCDB Encounter File Processing
January 2007 - April 2008 Data**

**P830: Trustmark Insurance Co.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report**

Eligible Services: 3,020
Services Submitted: 3,020

Source File: P830_enc5_dc_crunch.sas7bdat
File Date: December 5, 2008

Delivery System	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)									
2: PPO-POS	126			1,385			122,820		
3: PPO or Other Managed Care	188	105	-44.1	3,534	2,919	-17.4	297,306	183,721	-38.2
4: Indemnity Care	50	15	-70.0	950	101	-89.4	100,419	0	-100.0
5: HMO-POS Rider									
6: EPO									
9: Payer Code=9 (Unknown and Missing)									
Total	299	120	-59.9	5,869	3,020	-48.5	520,545	183,721	-64.7

Plan ²	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	239	86	-64.0	3,907	2,366	-39.4	379,311	156,474	-58.7
HMO Fee for Service									
HMO Capitated									
Medicare, All Types									
No Plan Assigned	60	34	-43.3	1,962	654	-66.7	141,234	27,247	-80.7
Total	299	120	-59.9	5,869	3,020	-48.5	520,545	183,721	-64.7

Coverage Type	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental									
2: Individual Plan	58	29	-50.0	1,950	673	-65.5	164,774	51,229	-68.9
3: Private Employer Sponsored Fully Self-Ins	120	9	-92.5	1,176	145	-87.7	77,174	7,690	-90.0
4: Private Employer Sponsored Insured	123	82	-33.3	2,743	2,202	-19.7	278,597	124,802	-55.2
5: Public Employee									
6: Comprehensive Standard Health Benefit Plan									
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	299	120	-59.9	5,869	3,020	-48.5	520,545	183,721	-64.7

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NOTES:

¹ Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

² Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
 - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
 - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
 - a. Delivery System (DELVTYP) is non-HMO (2-4).
 - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

- 1, All services with Coverage Type 1 or 7.